

## UNITED STATES DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE FRUIT AND VEGETABLE PROGRAMS FRESH PRODUCTS BRANCH

INSPECTION REINSPECTION APPEAL INSPECTION \*REQUEST FOR: (This is the only acceptable form for fax or electronic submission to USDA for inspection requests) According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0125. The time required to complete this information collection is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, lar print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer NOTE: Fill in all appropriate blocks; blocks with "\*" must be completed. Inspection may be delayed because of incomplete information. Type of Inspection must be selected above. \*Applicant's (Company) Name: \*Date: \*Time: \*Street Address: \*City, State & Zip: \*Contact Person: Type of Carrier: \*Phone Number: Car Number or License Number: Type: \*E-Mail Address: \*Shipper's Name: Car: Enter when City and State: Trailer: different from Receiver's Name: Lot Inspection Applicant: City and State: \*Location of Product(s): **Applicant's P.O. Number:** Inspection Requested For (Must select at least one): Lots Separated by (Optional): Quality and Condition (including size when applicable) PLI Numbers Condition Only **Grower Numbers** Size Size Other, Specify: Net Weight **Digital Images Requested:** Yes No Other, Specify: **Products To Be Inspected** \*PRODUCTS **BRANDS/MARKS** \*OUANTITY **Type Container** \*Size Type/Variety Remarks/Special Instructions;